

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/1118165 | FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
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8		4				
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12		1				
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TOTAL IND.	1					
TOTAL DEP.	15					
TOTAL CLAIMS	16					

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
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100								
TOTAL IND.								
TOTAL DEP.								
TOTAL CLAIMS								

CLAIMS ONLY

SERIAL NO. 09/0778165 FILING DATE

APPLICANT

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1		1	
2	1		1		1	
3	4		1		1	
4	1		1		1	
5	1		1		1	
6	1		1		1	
7	1		1		1	
8	4		4		4	
9	1		1		1	
10	1		1		1	
11	1		1		1	
12	1		1		1	
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TOTAL IND.	1		1		1	
TOTAL DEP.	15	15	15	15	15	15
TOTAL CLAIMS	100	100	100	100	100	100

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
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TOTAL IND.								
TOTAL DEP.								
TOTAL CLAIMS								

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS